

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/600395

FILING DATE

APPLICANT(S)

| CLAIMS | | | | | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 2 | | 2 | | |
| 4 | 1 | | 1 | | | |
| 5 | | 3 | | 3 | | |
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| TOTAL IND. | 2 | | 2 | | | |
| TOTAL DEP. | 16 | | 14 | | | |
| TOTAL CLAIMS | 18 | | 16 | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |